



Department of Public Health & Human Services, Helena

Meeting Minutes May 11, 2011

I. Call to order

Dennis Maier, MD called to order the regular meeting of the **State Trauma Care Committee** at **1130** on **May 11, 2011** in **Helena, MT**.

II. Roll call

Roll call was conducted and the following persons were present:

Present: Lauri Jackson, Leah Emerson, Freddie Bartoletti, Elaine Schuchard, Brad Pickhardt and Tim Sinton.

Lyndy Gurchiek, Elaine Schuchard, Justin Grohs and Brad Vonbergen attended by teleconference.

Absent: Pauline Linnell, Krissy Lowery, Sam Miller, Andy Michel and Jonathan Weisul

Guests: Bobbi Perkins, Gail Hatch, Jim DeTienne, Jennie Nemec, Joe Hansen, Carol Kussman, Jim DeTienne, John Bleicher, Traci Jasnicki, Kevin Fitzgerald, Dayle Perrin and Megan Hamilton.

Sally Hageman, Marla Leedy, Brad Vonbergen, Justin Grohs, and Chris Benton attended by teleconference.

III. Handouts

- Agenda & previous meeting
- CRTAC, ERTAC & WRTAC meeting minutes

IV. RTAC Reports

a) **Central RTAC** report given by Lauri Jackson

The last CRTAC meeting was April 21, 2011 and hosted by Benefis Healthcare.

State report was given by Jennie Nemec & Carol Kussman. Need original EMS trip report (from first ambulance to touch patient) and all ER documentation to be sent with transferred patient.

GCS <9 and patient not intubated. Will continue to provide and work to improve communication regarding feedback from transferred patient

- Decision to intubate not just based on Saturation
- When appropriate to intubate
- Documentation on children GCS, GCS educational tool
- Age
- ETOH
- Trauma Team courses
- Safety First Rally is May, 2011 in Great Falls.

Case review: local multiple agency, patient response w/scene management issues, prioritization of care issues & airway management issues.

The next CRTAC meeting is scheduled for July 21, 2011 at Benefis Health Care

b) Eastern RTAC report given by Brad Vonbergen

The last ERTAC meeting was March 10, 2010 at the Billings Clinic. Meeting minutes were available for review.

Case reviews included IO access issues, crystalloid vs earlier blood infusions, bariatric patient transport issues, hypothermia management after damage control surgery, and ALS/BLS transfer issues to & from Billings.

The Rimrock Trauma Conference is to be scheduled for the day before Billings ATLS November 3, 2011.

Elaine Schuchard presented the Education subcommittee report.

Leigh Taggart presented SBIRT information/update.

Jennie Nemec & Carol Kussman provided the state Trauma System update.

The next ERTAC meeting is scheduled for July 8, 2011 and hosted by St Vincent Healthcare.

c) Western RTAC report given by John Bleicher

The WRTAC meeting was held April 15, 2011 hosted by St Patrick Hospital in Missoula.

WRTAC meeting minutes were distributed for review.

Nursing Education group addressed working through EMS/hospital issues

EMS Medical Directors/EMS group discussed issues related to Air Medical issues.

Case reviews included ALS vs BLS transfers, multiple patient scenario, utilization of blood products earlier.

Additional regional issues include triage/mass casualty criteria and Trauma standing orders developed to ensure clinical priorities don't fall through the cracks as cases progress. WRTAC discussed possible ideas for "5-year" plans, including posting Educational contact hours on-line,, more cases with EMS components, more rural CAH cases and more active EMD Medical Directors.

Jennie Nemec & Carol Kussman gave the Trauma, EMS, Preparedness & IP updates.

The MT Advanced Airway study preliminary results will be presented @ RMRTS in September, 2011. John expressed surprise at the lower number of ET cards being returned.

The next WRTAC meeting is scheduled for July 8, 2011 at St Patrick Hospital in Missoula.

V. Hospital Preparedness Update Dayle Perrin

Dayle recently attended the integrated Public Health & Preparedness Summit meeting/conference and attended a Region 8 States meeting. National Disaster Medical System (NDMS) is exploring plans to develop collaborative DMAT modules for North Dakota, South Dakota Montana and Wyoming. Grant applications are being made to support a contract Administrative Officer, explore DMAT utilization, personnel processes and what can be done to develop & implement a DMAT structure in the Region 8 states , which have no formal current DMAT resources. Previous efforts to D/I a collaborative DMAT structure with Idaho & Montana were abandoned with transition of NDMS from Homeland Security to HHS. Dayle will update STCC & RTACs as information becomes available.

There are federal efforts underway to “plan in alignment” collaboratively between Hospital Preparedness Programs, Centers for Disease Control, Public Health Emergency Preparedness and Homeland Security within the 15 capabilities structure.

There is intended focus on continuity of operations, mass fatality & evacuation planning and exercises, bed tracking processes and exercise tracking, community preparedness and response and responder training/health protection.

State planning; Dennis Maier submitted a letter to Jim DeTienne and its content was discussed by committee members focusing on planning/system awareness of state resources, disaster structure, local/state disaster planning & how these structures must interface during responses. It was further proposed STCC be a forum for this information to assist in strategies for further dissemination to trauma program staff statewide. Communication between Facility EP planning staff and clinical perspectives need to be emphasized. Dayle Perrin will provide an update on State Resources and the MT Disaster Plan at the next meeting.

VI. State Report Jennie Nemec Carol Kussman Jim DeTienne Kevin Fitzgerald Bobbi Perkins Joe Hansen

ATLS Courses scheduled, 2011:

June 24 & 25, Missoula

October 14 & 15, Missoula

November 4 & 65 Billings

Applications, info, available slots on EMSTS website: www.dphhs.mt.gov/ems

State Designation activity:

Re-designations:

Livingston CTF

Red Lodge TRF

Culbertson TRF

Designation: Sheridan TRF

Plentywood TRF

FR: Colstrip TRF

Crow Agency TRF

Philipsburg TRF

ACS Level II/MT Regional Trauma Center
Verification/designation review
St. Vincent Healthcare, February 24 & 25

ACS Level III/MT Area Trauma Center
re-Verification/designation review
Bozeman Deaconess Hospital, June 5 & 6
St. James Healthcare, Butte, June 6 & 7

Education/Meetings:

Trauma System Conference: September 21, Kalispell Red Lion

- a) Case Review & PI
- b) Designing Education for Identified PI issues
- c) Sharing Our Best
- d) Facility, TMD Breakouts
- e) ERTAC Geriatric Education Module
- f) Case Studies
- g) Trauma Registrars: AIS 2005 Coding, Registry Review, Report Writing

2011 Rocky Mountain Rural Trauma Symposium, September 22 & 23, Kalispell Red Lion

- WRTAC hosting
 - h) Defining Safety, Bob Lomastro
 - i) Trauma Management & Update, M Rotondo
 - j) Chest Trauma; Brad Pickhardt
 - k) Ethical Issues, ED Violence; Jon Gildea
 - l) Teamwork EMS/Nursing, Multiple Patients, Pediatric Trauma Case Studies; Jason Dush
 - m) BOME session- new EMS Medical Director?
 - n) Injury Prevention: Fall Prevention, "Stepping On" program- Bobbi Perkins
 - o) Hands-on sessions, Airway, estimating Blood Loss, Prevention/Packaging for hypothermia, orthopedic splinting
 - p) Clinical/Hospital topics
 - q) "Respect the Cage", Roadside Electrical Emergency, pelvic splinting breakouts
 - r) ET Study Results, Air Activation Guidelines, EAST Prehospital IV Guidelines

Preparedness

Total attended BDLS: 361
Total attended ADLS: 95
May BDLS Course finishes
Contact Dayle Perrin dperrin@mt.gov, 444-3898
ADLS Course (June 3-4, 2011), Fairmont
ABLS: January 25- SJH
January 27- Benefis
March 8th: St. Patrick's Hospital
March 10th: Kalispell Regional Medical Center
April 5th: Glasgow, MT
April 7th: St. Vincent's, Billings

Total attended so far: 122

Emergency Care Committee:

Last meeting 3/17/10, WebEx

Field Decision/TTA Criteria

EMS documentation Rule changes

Additional Formal Public Hearing

AED grant: Money used

Mutual Aid Radio System workgroup

- Daily use, practice for disaster
- Mutual Aid EMS program
- The program incentive:
XTL 2500 Mobile Digital radio / encrypted

Electronic Patient Care Report (PCR)

- 70 Services trained
- 30 Services On Line Pre-hospital Information (OPHI)
- Capability to Import/ Export data
Billing Program

EMD training

- Proposing to adopt King County Program
- Training materials
- Flip Charts for EMD guidelines
- Train the Trainer / On line recertification
- Working on funding sources to provide King Co EMD training program
- Propose to utilize the State Medical Director to relieve burden

Cardiovascular Workgroups participating; recognition programs

EMS Service Managers WebEx Education; Leadership Academy Course; A. Reinert, EMT-P, BA

4/21, 1830- Level I

Leadership ,Basic PI

Hiring 101,Recruitment/retention, generational issues

Role of Medical Director

5/19, 1830- Level II

Leadership skills

EMS Council Process

Managing Change

6/16, 1830; Open Forum

7/21, 1830, Level III

Organizational, EMS Balanced Scorecard

EMS/HR Law, Financial Management

Feedback

8/18, 1830, Level IV

Performance Improvement Academy

Role-Specific “Boot Camps”

System Issues

- Pediatric Neurosurgery availability
- Bariatric Trauma patients
- Air Medical activation

- Interfacility Transfer Issues
- Anticoagulated trauma patients

RTACs

PI from Central Trauma Registry:

EMS trip reports

Deaths

GCS < 9 & not intubated

TEAM Course issues

ET Study- 5/1/11: EMSTS website

Anticoagulated Trauma Patients

Bariatric Trauma Patients

Interfacility Transfers

BLS/ALS rendezvous

Air Medical Activation

Preventable Mortality Study

- Traumatic deaths for 2008
- 1008 initial cases
- Excluding for Non-mechanical trauma, Non-trauma, late effects, suicides not surviving to hospital;
To-date cases = 453

PM Study Panel

Tom Esposito, MD, FACS, MPH, IL

Stu Reynolds, MD, FACS, Havre

Chad Engan, MD, FACS, Great Falls,

Andy Michel, MD, Helena

Freddy Bartoletti, MD, Anaconda

Sally Hageman, RN, Billings

Sam Miller, RN, Bozeman

Chris Benton, RN, Red Lodge

Tony Pope, EMT-P, Missoula

Francine Giono, EMT-B, Whitehall

- Initial PM Study panel orientation meeting, September 27 & 28, 2011, probably Helena
- Panel members will be assigned as Primary/Secondary reviewers for cases; present cases to group for evaluation and determination
- Looking for opportunities for improvement in phases of care, types of care

State Trauma Registry data report

presented by Carol Kussman and data issues discussed

Injury Prevention

Bobbi provided an update of the “Stepping On” fall Prevention program being conducted in Great Falls and Lewistown. Two more course sites will be added with the goal of 5 total course sites.

Bobbi and Julia Demaree are working on developing a Droid app for Concussions with “Return to Play” guidelines on it for coaches, medical providers & parents to have access to.

The IP Coalition met last week and decided on their priority activities;

- 1) Policy work/subcommittee work group
- 2) Workplace safety
- 3) University settings
- 4) Medical facilities

SBIRT support is being provided to 10 facilities and IP is strategizing how support may continue and/or change given budget constraints and not receiving the CDC grant which would have provided additional activity support.. If a facility needs additional SBIRT technical assistance to implement SBIRT, contact Leigh Taggart who can provide support and education on implementation of the SBIRT system components and motivational interviewing techniques.

EMS-Children

Joe Hansen reported there are plans to revise the Pediatric Consult/Transfer Guidelines more in line with those of Washington State template to provide to facilities. Revisions will include additional focus;

- Defined process for initiating transfers
- Additional guidance on roles & responsibilities for both transferring and receiving facilities
- Selection of facilities
- Selection of transport service/modality
- The Performance Measures survey regarding Hospital/transfer guidelines;
80% response (48 facilities) w/ 36 of the 48 facilities responding they DO have Pediatric transfer guidelines

Great Falls EMD Project

Lauri Jackson described the evolution of the Great Falls current EMD project over the last 2 & ½ years based on the need to prioritize and address response resource dispatch from previous system of “everyone” responding and with + lights/siren as inconsistent, unsafe to some degree and non-specific to the situation. An EMD flipchart has been developed with Medical Director approval and “Prioritized Dispatch” pilot guidelines were implemented January, 2010. Since implementation, there has been a 50% reduction in Code 3 responses and last month, 25-30% of medical calls were Code 1 response. All local stakeholders are pleased with the progress but some issues have been further identified;

- Dispatcher training & education
- Further development of mechanisms for Code1/Code 3 dispatch
- Upgrade/downgrade criteria for Fire/EMS need to be tracked for re-education as identified
- Would be nice to computerize the system for efficiency
- Further criteria could be developed for Dispatch to decide whether both Fire & EMS need to respond
- Could components of MT EMD project utilizing King County/ Seattle components be helpful in Great Falls?

EMS Response Times paper

Joe reported on the response times paper developed based on literature search and its further highlighting of issues related to emerging Culture of Safety issues, lights/siren response (Code 3 response) and effects of EMS responses on patient outcomes.

VII. Subcommittee Reports

Education Subcommittee:

TNCC course have been scheduled. ERTAC continues to schedule a few TEAM courses and the ERTAC Geriatric Module development continues. PEPP update was conducted. The Rimrock Trauma Conference will be a joint project between St Vincent’s & Billings Clinic and will be conducted in Billings November 3, 2011. Members expressed concern regarding availability of PHTLS Instructor course update information and availability of access to courses for providers across Montana. The process seems stalled and few courses are being provided/offered/available.

Members would like to see the course re-established and a more viable structure for supporting PHTLS for all of Montana.

PI/EP Subcommittee:

PI summary information was reviewed. Designation & EP activities were reviewed previously during the meeting. Additional PI parameters will likely be identified during the Preventable Mortality study and those should be included as prioritized PI activities.

VIII. NASEMSO trip to Israel

Jim DeTienne reviewed highlights of his recent trip with NASEMSO officials to Israel to review Emergency Preparedness, EMS and Trauma Care systems and capabilities.

Public Comment

None received.

Adjournment

Dennis Maier adjourned the meeting.

The next State Trauma Care Committee meeting will be held in Helena, WEDNESDAY, August 10, 2011.

Case Reviews included;

ERTAC: Case of winter/ski hill trauma illustrating successful linkages of all phases of care/care components contributing to a positive patient outcomes in Eastern Montana. Local efforts to include ALL care providers & entities have received significant local attention with collaborative education and case reviews and have included special efforts to involve and include Ski Patrol, which has been problematic for inclusion in local “systems”.

WRTAC: Anti-coagulated patient with minor head trauma, initially negative assessment/findings and subsequent readmission provided illustration of emerging patient management challenges. Many facilities have developed and implemented plans for care & management of ever-increasing numbers of anti-coagulated patients who sustain trauma including; elevated patient identification and “Up-triage” criteria, diagnostic prioritization and plans and timely anticoagulation reversal. There are additional emerging challenges, such as when to CT such “negative” patients, whether an initial negative CT requires inpatient admission/observation (especially for patients who may live alone and not have anyone who can stay with them for an initial time period)and whether such cases provide impetus for more aggressive care management strategies.

CRTAC;Complex MVC crash with several patients in a remote location illustrated challenges of communications, cross-regional responses, limited resource management and small rural EMS services with low volumes of critically ill or injured patients. Feedback to provide local EMS service involved included; Information regarding new radio availability,when to implement/not implement CPR in traumatic arrest situations and when/how to move EMS

toward hospital care facilities while waiting for possible ALS rendezvous, including air medical.

Minutes respectfully submitted by: Jennie Nemec, RN, Trauma System Manager